



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
BREATH ALCOHOL PROGRAM

DATAMASTER MAINTENANCE REPORT

RECEIVED

By Carol Day at 8:32 am, Sep 03, 2014

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 days).
Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service.
Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

| | | |
|---|--|----------------------------------|
| DATAMASTER SN 201291 | NAME OF AGENCY CABOOL POLICE DEPARTMENT | DATE OF INSPECTION 08/31/2014 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 510 CEDAR STREET, CABOOL, MO. 65689 | | TIME OF INSPECTION 4:46 pm |

CHECKLIST: Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

| | |
|--|---|
| <input checked="" type="checkbox"/> DIAGNOSTIC CHECK (PRINTOUT ATTACHED) | DATE AND TIME (from printout) 08/31/2014, 16:48 |
| <input checked="" type="checkbox"/> COMPUTER | <input checked="" type="checkbox"/> DETECTOR |
| <input checked="" type="checkbox"/> PROGRAM | <input checked="" type="checkbox"/> FILTERS |
| <input checked="" type="checkbox"/> HEATERS SAMPLE CHAMBER 48 °C | <input checked="" type="checkbox"/> QUARTZ STANDARD |
| <input checked="" type="checkbox"/> FLOW DETECTOR | <input checked="" type="checkbox"/> CALIBRATION |
| <input checked="" type="checkbox"/> PUMP HIGH SPEED | <input checked="" type="checkbox"/> PRINTER |

| |
|--|
| <input checked="" type="checkbox"/> INDICATOR LIGHTS |
|--|

| | | |
|--|-------------|----------------------|
| <input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER GUTH | LOT # 13210 | EXP. DATE 07/29/2015 |
|--|-------------|----------------------|

| | | |
|---|---------------------|----------------------|
| <input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) 34.0 °C | SIMULATOR SN DR5384 | EXP. DATE 04/17/2015 |
|---|---------------------|----------------------|

| |
|--|
| <input checked="" type="checkbox"/> CALIBRATION CHECK – (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT) |
|--|

Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)

- ☒ 0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE
☐ 0.080% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE
☐ 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

| | | |
|----------------|----------------|----------------|
| TEST 1 ➡ .099% | TEST 2 ➡ .098% | TEST 3 ➡ .099% |
|----------------|----------------|----------------|

| |
|---|
| <input checked="" type="checkbox"/> PERFORM R.F.I. TEST (PRINTOUT ATTACHED) |
|---|

**INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:
(DO NOT INCLUDE SELF-ADMINISTERED TESTS)**

| | | | | | |
|------------|-----------|-------------|-------------|-------------|------------|
| REFUSALS 0 | (0-.04) 1 | (.05-.09) 0 | (.10-.14) 1 | (.15-.19) 3 | OVER .19 0 |
|------------|-----------|-------------|-------------|-------------|------------|

LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS
(USE OTHER SIDE IF NECESSARY).

INSPECTING OFFICER

| | |
|---|-------------------------------------|
| SIGNATURE | PRINT FULL NAME WALTER L. DARTER |
| TYPE / PERMIT NUMBER / EXPIRATION DATE 240158 04/22/2016 | TELEPHONE NUMBER (417) 962-3993 |

RETURN COMPLETED REPORT TO THE: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office
2875 James Blvd.
Poplar Bluff, MO 63901



STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM

2

PERMIT
TYPE II
WALTER L DARTER

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

DATAMASTER

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 4/22/2014

NUMBER 240158

EXPIRES 4/22/2016

MO 580-0771 (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)

 **STATE OF MISSOURI**
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM

INSTRUMENT OPERATOR CARD

The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.



Operator DARTER, WALTER
Permit No 240158
Date Issued 4/22/2014 Date Expires 4/22/2016



GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

--Random Samples of Lot Number **13210** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **July 31, 2013**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1216%** (w/vol) ethyl alcohol. The expiration date for this lot number is **July 29, 2015** at 11:59 PM.

When used in a calibrated Simulator, operating at $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$, this solution will give a breath alcohol analysis instrument reading of **0.100 g/210L \pm 3%**.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

NIST Traceability:

Testing was conducted using Cerilliant Reference Standard lot number FN122211-02 whose values are traceable to NIST.

All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.



Simulator Calibration Report

This calibration report is to certify the alcohol reference simulator listed below has been examined and tested using standards traceable to the National Institute of Standards and Technology (NIST) in accordance with the standards set by the Missouri Department of Health and Senior Services Rules and Regulations:
19CSR 25-30.051 (4).

Checked: 4/17/2014 Expires: 04/17/2015
Digital Therm. SN:094948
MSC Tech:RW Temp:33.98
Agency: Cabool Police Dept
DR 5384



Technician Printed Name: ROBERT WELSH

Technician Signature: 

Date: 04/17/2014

Contact: Missouri Safety Center

Breath Alcohol Instrument Training Program

660-543-4834

Face This Side Down - This Edge In First

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
CABOOL POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201291
08/31/14
16:48

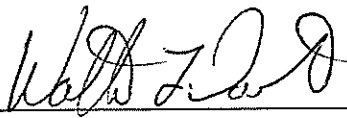
--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY
PROGRAM (04-07-2009): OKAY
HEATERS
SAMPLE CHAMBER: 48c
FLOW DETECTOR: OKAY
PUMP
HIGH SPEED: OKAY
DETECTOR: OKAY
FILTERS: OKAY
QUARTZ STANDARD: OKAY
CALIBRATION: OKAY

PRINTER TEST

!"#\$%&'()*+,-./0123456789:;<=>?@ABCDEFGH
IJKLMNOPQRSTUVWXYZ[\]^_`abcdefghijklmnopqrstuvwxyz{|}~

Operator Signature



Face This Side Down - This Edge In First

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
CABOOL POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201291
08/31/14

TESTING OFFICER:

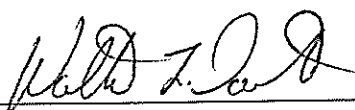
DARTER/WALTER/L
OFFICER I.D.: 102
PERMIT NUMBER: 240158
EXPIRATION DATE: 04/22/16
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

| | | |
|-------------------|----------|-------|
| BLANK TEST | .000 | 16:52 |
| INTERNAL STANDARD | VERIFIED | 16:52 |
| EXTERNAL STANDARD | .099 | 16:52 |
| BLANK TEST | .000 | 16:53 |
| EXTERNAL STANDARD | .098 | 16:53 |
| BLANK TEST | .000 | 16:54 |
| EXTERNAL STANDARD | .099 | 16:54 |
| BLANK TEST | .000 | 16:55 |

N = 3
SIM. = .1
AVG. = .0986

Operator Signature



Face This Side Down - This Edge In First

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
CABOOL POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201291
08/31/14

ARREST TIME: 16:30
SUBJECT NAME:
RFI/CHECK
DOB: 01/01/01 SEX: M
STATE/D.L.: MO/0
ARRESTING OFFICER:
DARTER/WALTER/L
OFFICER I.D.: 102
TESTING OFFICER:
SAME
OFFICER I.D.: 102
PERMIT NUMBER: 240158
EXPIRATION DATE: 04/22/16
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

| | | |
|--------------------|----------|-------|
| BLANK TEST | .000 | 16:58 |
| INTERNAL STANDARD | VERIFIED | 16:58 |
| RADIO INTERFERENCE | | |

Face This Side Down - This Edge In First

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
CABOOL POLICE DEPARTMENT

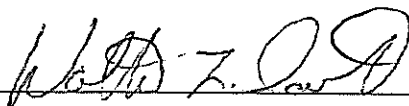
BAC DATAMASTER SERIAL NUMBER 201291
08/31/14

ARREST TIME: 16:30
SUBJECT NAME:
SOBER/CHECK
DOB: 01/01/01 SEX: M
STATE/D.L.: MO/0
ARRESTING OFFICER:
DARTER/WALTER/L
OFFICER I.D.: 102
TESTING OFFICER:
SAME
OFFICER I.D.: 102
PERMIT NUMBER: 240158
EXPIRATION DATE: 04/22/16
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

| | | |
|-------------------|----------|-------|
| BLANK TEST | .000 | 17:01 |
| INTERNAL STANDARD | VERIFIED | 17:01 |
| SUBJECT SAMPLE | .000 | 17:02 |
| BLANK TEST | .000 | 17:03 |

erator Signature



Operator Signature

